08/26/04 OAS 2001			MEDICARE CURRENT BENEFICIAR OASIS	Y SURVEY	RIC: OA Page: 1 Version: 1
Variable	Col Ler	Format	Frequency ComQues# FacQues#	Variable Type & Label	
RIC	1 2			C Record Identification Code	
VERSION				C Version Number	
BASEID		\$BSIDFMT		C Unique SP Identification N	mbox
DASEID	1 0	QBS1DI'M1		IGH BASEID Count	mber
M0010_ME	12 6		3,390 HOW-II.	C Agency Medicare provider n	ımber
M0010_ME	18 15			C Agency Medicaid provider n	
M0012_ME				C Agency branch state	mber
M0014_BR				C Agency branch ID	
M0010_BR				N Start of care date	
M0030_S1				N Resumption of care date, Ni	n flag
M0032_R0				N Resumption of care date	1 liag
M0052_R0				C Patient-State	
M0050_FA				C Patient-ZIP	
M0066_PA				N Patient birth date	
M0060_PA M0069_PA		CEND		N Patient gender	
M0009_PA	03 1	GEND	1,233	1 Male	
			2,365	2 Female	
M0072_P7	84 1			N Primary referring physician	ı, UK flag
M0072_PH	85 10			C Primary referring physician	n UPIN
M0080_AS	95 2	\$DISCIOA		C Discipline of person comple	eting assess
			3,128 441 4 25	01 RN 02 PT 03 SLP/ST 04 OT	
M0090_AS	97 8			N Assessment completion date	
M0100_AS	105 2	\$ACOMPOA		C Assessment reason	
			1,049 17 226 886 34 355 67 20 934	01 S/R; Start; further visits 02 S/R; Start; no further vis: 03 S/R; Resumption of care 04 Follow-up; Recertification 05 Follow-up; Other 06 Transfer to inpat fac; Pat: 07 Transfer to inpat fac; Pat: 08 Disch from agency; Death ac 09 Disch from agency; Disch f: 10 Disch from agency; No visit	its planned ient not disch ient disch t home rom agency

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT BENEFICIARY		RIC: Page: Version:	OA 2
					ComQues# FacQues#	Variable Type & Label		
M0140_E0	107	1	INDICOA			N Ethnicity; Asian		
				2,306 1,282 10		. Missing 0 Not indicated 1 Indicated		
M0140_E1	108	1	INDICOA			N Ethnicity; Afr Amer		
				2,306 1,125 167		. Missing 0 Not indicated 1 Indicated		
M0140_E2	109	1	INDICOA			N Ethnicity; Hispancic		
				2,306 1,235 57		. Missing 0 Not indicated 1 Indicated		
M0140_E3	110	1	INDICOA			N Ethnicity; Hawaii		
				2,306 1,287 5		. Missing 0 Not indicated 1 Indicated		
M0140_E4	111	1	INDICOA			N Ethnicity; White		
				2,306 263 1,029		. Missing 0 Not indicated 1 Indicated		
M0140_E5	112	1	INDICOA			N Ethnicity; Unknown		
				2,306 1,278 14		. Missing 0 Not indicated 1 Indicated		
M0140_ET	113	1	INDICOA			N Ethnicity; Am Indian		
				2,306 1,279 13		. Missing 0 Not indicated 1 Indicated		
M0150_10	114	1	INDICOA			N Payment; Workers comp		
				3,597 1		0 Not indicated 1 Indicated		
M0150_11	115	1	INDICOA			N Payment; Title programs		
				3,597 1		0 Not indicated 1 Indicated		
M0150_12	116	1	INDICOA			N Payment; Other govt		
				3,591 7		0 Not indicated 1 Indicated		
M0150_13	117	1	INDICOA			N Payment; Private ins		
				3,394 204		0 Not indicated 1 Indicated		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICI	ARY	SURVEY	RIC: Page: Version:	OA 3
				Frequency				Variable Type & Label		
M0150_14								N Payment; Private HMO		
				3,583 15				0 Not indicated 1 Indicated		
M0150_15	119	1	INDICOA					N Payment; Self-pay		
				3,588 10				0 Not indicated 1 Indicated		
M0150_16	120	1	INDICOA					N Payment; Other		
				3,568 30				0 Not indicated 1 Indicated		
M0150_17	121	1	INDICOA					N Payment; Unknown		
				2,306				. Missing		
				1,292 0				0 Not indicated 1 Indicated		
M0150_C6	122	1	INDICOA					N Payment; Medicare FFS		
				654				0 Not indicated		
				2,944				1 Indicated		
M0150_C7	123	1	INDICOA					N Payment; Medicare HMO		
				3,255 343				0 Not indicated 1 Indicated		
M0150_C8	124	1	INDICOA					N Payment; Medicaid FFS		
				3,059				0 Not indicated		
				539				1 Indicated		
M0150_C9	125	1	INDICOA					N Payment; Medicaid HMO		
				3,573 25				0 Not indicated 1 Indicated		
M0150_CP	126	1	INDICOA	23				N Payment; None		
				3,598				0 Not indicated		
				0				1 Indicated		
M0160_18	127	1	INDICOA					N Finance limit; Medicine		
				3,598				. Missing		
				0				0 Not indicated 1 Indicated		
M0160_19	128	1	INDICOA					N Finance limit; Ins copay		
				3,598				. Missing		
				0				0 Not indicated 1 Indicated		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT BENEFICIARY	SURVEY	RIC: OA Page: 4 Version: 1
					ComQues# FacQues#	Variable Type & Label	
M0160_20						N Finance limit; Rent	
				3,598 0 0		. Missing O Not indicated 1 Indicated	
M0160_21	130	1	INDICOA			N Finance limit; Food	
				3,598 0 0		. Missing 0 Not indicated 1 Indicated	
M0160_22	131	1	INDICOA			N Finance limit; Other	
				3,598 0 0		. Missing 0 Not indicated 1 Indicated	
M0160_LT	132	1	INDICOA			N Finance limit; None	
				3,598 0 0		. Missing 0 Not indicated 1 Indicated	
M0175_HS	133	1	INDICOA			N Disch in past 14 days; Hosp	ital
				1,386 1,382 830		. Missing 0 Not indicated 1 Indicated	
M0175_NO	134	1	INDICOA			N Disch in past 14 days; Not	disch
				1,386 1,027 1,185		. Missing 0 Not indicated 1 Indicated	
M0175_ON	135	1	INDICOA			N Disch in past 14 days; Othe	r nursing hom
				1,386 2,204 8		. Missing 0 Not indicated 1 Indicated	
M0175_OT	136	1	INDICOA			N Disch in past 14 days; Othe	r
				1,386 2,205 7		. Missing 0 Not indicated 1 Indicated	
M0175_RH	137	1	INDICOA			N Disch in past 14 days; Reha	.b
				1,386 2,086 126		. Missing 0 Not indicated 1 Indicated	
M0175_SN	138	1	INDICOA			N Disch in past 14 days; SNF	
				1,386 2,107 105		. Missing 0 Not indicated 1 Indicated	
M0180_DS	139	1				C Disch in past 14 days; UK f	lag

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICI#	RIC: OF Page: 5 Version: 1
				Frequency			s# Variable Type & Label
M0180_IN	140	8					N Inpatient discharge date
M0190_14	148	7					C Inpatient diag 1 ICD9
M0190_26	155	7					C Inpatient diag 2 ICD9
M0200_RE	162	1	YESNOOA				N Treatment regimen change
				503 1,707 1,388			. Missing O No 1 Yes
M0210_27	163	7					C Changed regimen; ICD9 2
M0210_28	170	7					C Changed regimen; ICD9 3
M0210_29	177	7					C Changed regimen; ICD9 4
M0210_CH	184	7					C Changed regimen; ICD9 1
M0220_30	191	1	\$INDICOA				C Prior condition; Catheter
				1,318 2,190 90			Missing 0 Not indicated 1 Indicated
M0220_31	192	1	\$INDICOA				C Prior condition; Intr pain
				1,318 2,177 103			Missing 0 Not indicated 1 Indicated
M0220_32	193	1	\$INDICOA				C Prior condition; Impaired decision
				1,318 2,042 238			Missing 0 Not indicated 1 Indicated
M0220_33	194	1	\$INDICOA				C Prior condition; Disruptive beh
				1,318 2,266 14			Missing 0 Not indicated 1 Indicated
M0220_34	195	1	\$INDICOA				C Prior condition; Memory loss
				1,318 2,089 191			Missing 0 Not indicated 1 Indicated
M0220_35	196	1	\$INDICOA				C Prior condition; None of listed
				1,318 1,389 891			Missing 0 Not indicated 1 Indicated
M0220_36	197	1	\$INDICOA				C Prior condition; No change
				1,437 1,425 736			Missing 0 Not indicated 1 Indicated

08/26/04 OAS 2001	MEDICARE CURRENT BENEFICIARS OASIS	Y SURVEY RIC: OA Page: 6 Version: 1
Variable Col Len Format	Frequency ComQues# FacQues#	Variable Type & Label
M0220_37 198 1 \$INDICO	1	C Prior condition; Unknown
	1,437 2,140 21	Missing O Not indicated 1 Indicated
M0220_PR 199 1 \$INDICO	ı	C Prior condition; Urinary incont
	1,318 1,897 383	Missing O Not indicated 1 Indicated
M0230_38 200 2 \$SEVERO	1	C Primary diag; Severity rating
	1,386 8 198 1,387 520 99	Missing On Asymptomatic, not treatement needed On Symptoms contr with current therapy On Symptoms contr with difficulty On Symptoms poorly contr, freq dose adjust On Symptoms poorly contr, hist rehospitali
M0230_PR 202 7		C Primary diag; ICD9
M0240_39 209 2 \$SEVERO	1	C Oth diag 1; Severity rating
	1,581 16 447 1,113 397 44	Missing 00 Asymptomatic, not treatement needed 01 Symptoms contr with current therapy 02 Symptoms contr with difficulty 03 Symptoms poorly contr, freq dose adjust 04 Symptoms poorly contr, hist rehospitali
M0240_40 211 7		C Oth diag 2; ICD9
M0240_41 218 2 \$SEVEROF	1,964 14 468 860 268 24	C Oth diag 2; Severity rating Missing O Asymptomatic, not treatement needed Symptoms contr with current therapy Symptoms contr with difficulty Symptoms poorly contr, freq dose adjust Symptoms poorly contr, hist rehospitali
M0240_42 220 7		C Oth diag 3; ICD9
M0240_43 227 2 \$SEVERO	2,493 9 356 574 153	C Oth diag 3; Severity rating Missing 00 Asymptomatic, not treatement needed 01 Symptoms contr with current therapy 02 Symptoms contr with difficulty 03 Symptoms poorly contr, freq dose adjust 04 Symptoms poorly contr, hist rehospitali
M0240_44 229 7		C Oth diag 4; ICD9

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICIARY	នេះ	URVEY	RIC: Page: Version:	OA 7
Variable				Frequency			Va	ariable Type & Label		
M0240_45	236	2	\$SEVEROA				С	Oth diag 4; Severity rating	ī	
				2,889 23 263 333 79 11			01 02 03	Missing Asymptomatic, not treatemer Symptoms contr with current Symptoms contr with difficu Symptoms poorly contr, free Symptoms poorly contr, hist	therapy llty dose adjus	
M0240_46	238	7					С	Oth diag 5; ICD9		
M0240_47	245	2	\$SEVEROA				С	Oth diag 5; Severity rating	Г	
				3,218 16 153 163 42			01 02 03	Missing Asymptomatic, not treatemer Symptoms contr with current Symptoms contr with difficu Symptoms poorly contr, free Symptoms poorly contr, hist	therapy llty dose adjus	
M0240_OT	247	7					С	Oth diag 1; ICD9		
M0250_48	254	1	INDICOA				N	Home therapies; Par nutr		
				452 3,146 0			0	Missing Not indicated Indicated		
M0250_49	255	1	INDICOA				N	Home therapies; Ent nutr		
				452 3,043 103			0	Missing Not indicated Indicated		
M0250_50	256	1	INDICOA				N	Home therapies; None of abo	ve	
				452 136 3,010			0	Missing Not indicated Indicated		
M0250_TH	257	1	INDICOA				N	Home therapies; IV infusion	ı	
				452 3,111 35			0	Missing Not indicated Indicated		
M0260_OA	258	2	\$OVPRGOA				С	Overall prognosis		
				2,306 32 136 1,124			00	Missing Unknown Poor Good/Fair		
M0270_RH	260	2	\$REPRGOA				С	Rehab prognosis		
				2,306 45 335 912			00	Missing Unknown Guarded Good		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT BENEFICIARY	SURVEY	RIC: OA Page: 8 Version: 1
					ComQues# FacQues#	Variable Type & Label	
M0280_LI	262	2	\$LIFEEOA			C Life expectancy	
				503 2,962 133	(Missing 00 Life expectancy is greater 01 life expectancy is 6 month	than 6 months or fewer
M0290_51	264	1	INDICOA			N High risk factors; Obesity	
				503 2,694 401		. Missing 0 Not indicated 1 Indicated	
M0290_52	265	1	INDICOA			N High risk factors; Alcohol	
				503 3,056 39		. Missing 0 Not indicated 1 Indicated	
M0290_53	266	1	INDICOA			N High risk factors; Drugs	
				503 3,083 12		. Missing 0 Not indicated 1 Indicated	
M0290_54	267	1	INDICOA			N High risk factors; None	
				503 632 2,463		. Missing 0 Not indicated 1 Indicated	
M0290_55	268	1	INDICOA			N High risk factors; Unknown	
				2,306 1,257 35		. Missing O Not indicated 1 Indicated	
M0290_RS	269	1	INDICOA			N High risk factors; Smoking	
				503 2,889 206		. Missing O Not indicated 1 Indicated	
M0300_CU	270	2	\$CURREOA			C Current residence	
				503 2,360 458 16 233 28		Missing 01 Patient owned or rented res 02 Family member residence 03 Boarding home or rented roc 04 Board and care or assisted 05 Other	om
M0310_S0	272	1	INDICOA			N Struct barriers; Stairs mus	t
				509 2,902 187		. Missing 0 Not indicated 1 Indicated	
M0310_S1	273	1	INDICOA			N Struct barriers; Stairs opt	
				509 2,779 310		. Missing 0 Not indicated 1 Indicated	

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICIA	RIC: OA Page: 9 Version: 1
				Frequency			s# Variable Type & Label
M0310_S2							N Struct barriers; Stairs outside
				509 1,936 1,153			. Missing 0 Not indicated 1 Indicated
M0310_S3	275	1	INDICOA				N Struct barriers; Doorways
				509 2,913 176			. Missing 0 Not indicated 1 Indicated
M0310_ST	276	1	INDICOA				N Struct barriers; None
				509 1,365 1,724			. Missing 0 Not indicated 1 Indicated
M0320_10	277	1	INDICOA				N Safety haz; Floor covering
				509 3,034 55			. Missing 0 Not indicated 1 Indicated
M0320_11	278	1	INDICOA				N Safety haz; Railings
				509 3,058 31			. Missing 0 Not indicated 1 Indicated
M0320_12	279	1	INDICOA				N Safety haz; Haz Materials
				509 3,085 4			. Missing 0 Not indicated 1 Indicated
M0320_13	280	1	INDICOA				N Safety haz; Lead paint
				509 3,087 2			. Missing 0 Not indicated 1 Indicated
M0320_14	281	1	INDICOA				N Safety haz; Other
				509 3,039 50			. Missing 0 Not indicated 1 Indicated
M0320_S4	282	1	INDICOA				N Safety haz; Floor, roof, windows
				509 3,074 15			. Missing O Not indicated 1 Indicated
M0320_S5	283	1	INDICOA				N Safety haz; Lighting
				509 3,061 28			. Missing O Not indicated 1 Indicated

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICIAR	RIC: O. Page: 10 Version:
						# FacQues#	Variable Type & Label
M0320_S6	284	1	INDICOA				N Safety haz; Appliances
				509 3,084 5			. Missing 0 Not indicated 1 Indicated
M0320_S7	285	1	INDICOA				N Safety haz; Heating
				509 3,082 7			. Missing 0 Not indicated 1 Indicated
M0320_S8	286	1	INDICOA				N Safety haz; Cooling
				509 3,078 11			. Missing 0 Not indicated 1 Indicated
M0320_S9	287	1	INDICOA				N Safety haz; Lack of fire devices
				509 2,967 122			. Missing 0 Not indicated 1 Indicated
M0320_SA	288	1	INDICOA				N Safety haz; None
				509 244 2,845			. Missing 0 Not indicated 1 Indicated
M0330_15	289	1	INDICOA				N Sanitation haz; No running water
				509 3,085 4			. Missing 0 Not indicated 1 Indicated
M0330_16	290	1	INDICOA				N Sanitation haz; Contaminated water
				509 3,088 1			. Missing 0 Not indicated 1 Indicated
M0330_17	291	1	INDICOA				N Sanitation haz; No toilet fac
				509 3,089 0			. Missing 0 Not indicated 1 Indicated
M0330_18	292	1	INDICOA				N Sanitation haz; Outdoor toilet fac
				509 3,089 0			. Missing 0 Not indicated 1 Indicated
M0330_19	293	1	INDICOA				N Sanitation haz; Inadequate sewer disp
				509 3,088 1			. Missing 0 Not indicated 1 Indicated

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICI	Y SURVE	Y	RIC: Page: Version:	OA 11
				Frequency				ble Type & La	abel	
M0330_20								itation haz;	Inadequate food stor	
				509 3,080 9				sing indicated icated		
M0330_21	295	1	INDICOA				N Sani	itation haz;	No food refridge	
				509 3,088 1				sing indicated icated		
M0330_22	296	1	INDICOA				N Sani	itation haz;	No cooking fac	
				509 3,088 1				sing indicated icated		
M0330_23	297	1	INDICOA				N Sani	itation haz;	Insects/rodents preser	nt
				509 3,039 50				sing indicated icated		
M0330_24	298	1	INDICOA				N Sani	itation haz;	No trash pickup	
				509 3,056 33				sing indicated icated		
M0330_25	299	1	INDICOA				N Sani	itation haz;	Cluttered/Soiled living	ng
				509 2,878 211				sing indicated icated		
M0330_26	300	1	INDICOA				N Sani	itation haz;	Other	
				509 3,076 13				sing indicated icated		
M0330_SA	301	1	INDICOA				N Sani	itation haz;	None	
				509 236 2,853				sing indicated icated		
M0340_27	302	1	INDICOA				N Pati	ient lives w/	spouse	
				503 2,099 996				sing indicated icated		
M0340_28	303	1	INDICOA				N Pati	ient lives w/	oth fam	
				503 2,222 873				sing indicated icated		

08/26/04 OAS 2001			MEDICARE CO	URRENT BENEFICIARY	SURVEY	RIC: Page: Version:	OA 12 1
				ComQues# FacQues#	Variable Type & Label		
M0340_29	304	1 INDICOA			N Patient lives w/ friend		
			503 3,075 20		. Missing 0 Not indicated 1 Indicated		
M0340_30	305	1 INDICOA			N Patient lives w/ paid help		
			503 2,809 286		. Missing 0 Not indicated 1 Indicated		
M0340_31	306	1 INDICOA			N Patient lives w/ other		
			503 3,051 44		. Missing 0 Not indicated 1 Indicated		
M0340_LI	307	1 INDICOA			N Patient lives w/ alone		
			503 2,058 1,037		. Missing 0 Not indicated 1 Indicated		
M0350_A0	308	1 INDICOA			N Assist person; Home residen	t	
			503 1,517 1,578		. Missing 0 Not indicated 1 Indicated		
M0350_A1	309	1 INDICOA			N Assist person; Paid help		
			503 2,403 692		. Missing 0 Not indicated 1 Indicated		
M0350_A2	310	1 INDICOA			N Assist person; None		
			503 2,968 127		. Missing 0 Not indicated 1 Indicated		
M0350_A3	311	1 INDICOA			N Assist person; Unknown		
			2,306 1,291 1		. Missing 0 Not indicated 1 Indicated		
M0350_AP	312	1 INDICOA			N Assist person; Relative/Fri	end	
			503 1,491 1,604		. Missing 0 Not indicated 1 Indicated		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT E	BENEFICIARY	Y S	URVEY	RIC: Page: Version:	OA 13 1
				Frequency				ariable Type & Label		
M0360_PR								Primary caregiver		
				631 2 589 766 871 304 61			UK 00 01 02 03 04	Missing Unknown No one person Spouse of significant other Daughter or son Other family member Friend, neighbor, community Paid help		nemb
M0370_FR	315	2	\$OFTASOA				С	Primary caregiver; How ofte	n	
				1,222 1 1,113 741 160 189 121			01 02 03 04 05	Missing Unknown Several times during day or Several times during day Once daily Three or more times per wee One to two times per week Less often than weekly		
M0380_10	317	1	\$INDICOA				С	Caregiver assist; Unknown		
				2,572 1,022 4			0	Missing Not indicated Indicated		
M0380_C4	318	1	\$INDICOA				С	Caregiver assist; IADL		
				1,234 192 2,172			0	Missing Not indicated Indicated		
M0380_C5	319	1	\$INDICOA				С	Caregiver assist; Environme	ntal	
				1,236 311 2,051				Missing Not indicated Indicated		
M0380_C6	320	1	\$INDICOA				С	Caregiver assist; Psychosoc	ial	
				1,231 188 2,179				Missing Not indicated Indicated		
M0380_C7	321	1	\$INDICOA				С	Caregiver assist; Medical c	are	
				1,239 589 1,770				Missing Not indicated Indicated		
M0380_C8	322	1	\$INDICOA				С	Caregiver assist; Financial	/Legal	
				1,265 1,716 617				Missing Not indicated Indicated		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICIAR	z s	URVEY	RIC: Page: Version:	OA 14
Variable				Frequency			Va	ariable Type & Label		
M0380_C9							С	Caregiver assist; Health car	e agent	
				1,266 1,896 436				Missing Not indicated Indicated		
M0380_CA	324	1	\$INDICOA				С	Caregiver assist; ADL		
				1,254 864 1,480			0	Missing Not indicated Indicated		
M0390_VI	325	2	\$VISIOOA				С	Physical assesment; Vision		
				1,386 1,313 780 119			01	Missing Normal vision Partially impaired Severely impaired		
M0400_HE	327	2	\$HEARIOA				С	Physical assesment; Hearing		
				2,306 732 430 101 19			01 02 03	Missing No observable impairement Minimal difficulty Moderate difficulty Severe difficulty Unable to hear or nonrespons	sive	
M0410_SP	329	2	\$SPEECOA				С	Physical assesment; Speech		
				503 1,871 792 230 80 56			01 02 03 04	Missing No observable impairement Minimal difficulty Moderate difficulty Severe difficulty Unable to express basic need Nonresponsive or unable to s		
M0420_FR	331	2	\$FREQPOA				С	Frequency of pain		
				452 1,349 463 1,168 166			01 02	Missing No pain or pain does not int Less often than daily Daily, but not constantly All of the time	erfere	
M0430_IN	333	1	YESNOOA				N	Intractable pain		
				503 2,768 327			0	Missing No Yes		
M0440_LE	334	1	YESNOOA				N	Skin lesion/Open wound		
				452 2,030 1,116			0	Missing No Yes		

08/26/04 OAS 2001				MEDICARE (CURRENT B	ENEFICIARY	y s	URVEY	RIC: Page: Version:	OA 15
								ariable Type & Label		
M0445_PR	335	1	\$YESNOOA				С	Pressure ulcer		
				2,494 846 258			0	Missing No Yes		
M0450_N0	336	2	\$ULNUMOA				С	No. of press ulcers Stage 2	2	
				3,339 114 96 41 5			00 01 02 03	Missing None One Two Three Four or more		
M0450_N1	338	2	\$ULNUMOA				С	No. of press ulcers Stage 3	3	
				3,339 177 53 15 10			00 01 02 03	Missing None One Two Three Four or more		
M0450_N2	340	2	\$ULNUMOA				C	No. of press ulcers Stage 4	<u> </u>	
				3,339 232 13 8 1 5			01 02 03	Missing None One Two Three Four or more		
M0450_NB	342	2	\$ULNUMOA				С	No. of Press ulcers Stage 1	-	
				3,339 203 47 5 2			01 02 03	Missing None One Two Three Four or more		
M0450_UN	344	1	\$YESNOOA				С	Press ulcer cannot be obser	rved	
				3,339 240 19				Missing No Yes		
M0460_ST	345	2	\$ULSTGOA				С	Stage of most prob press ul	cer	
				3,340 7 33 118 74 26			01 02 03	Missing No observable pressure ulce Stage one Stage two Stage three Stage four	er	

08/26/04 OAS 2001	MEDICARE CURRENT BENEFICIA OASIS	RY SURVEY	RIC: OA Page: 16 Version: 1
	Frequency ComQues# FacQues		
M0464_ST 347 2 \$ULSTAO		C Status of most prob press	
	3,341 5 36 161 55	Missing NA No observable pressure ul 01 Fully granulating 02 Early/Partial granulation 03 Not healing	
M0468_ST 349 1 \$YESNOOF	1	C Stasis ulcer	
	2,494 1,022 82	Missing 0 No 1 Yes	
M0470_NB 350 2 \$ULNUMOA	ı	C No. of statis ulcers	
	3,516 1 47 14 16 4	Missing 00 None 01 One 02 Two 03 Three 04 Four or more	
M0474_UN 352 1 \$YESNOOF	Δ	C Stasis ulcer that cannot	be observed
	3,516 78 4	Missing 0 No 1 Yes	
M0476_ST 353 2 \$ULSTAO	A.	C Status of most problemat	stasis ulcer
	3,516 0 14 38 30	Missing NA No observable pressure ul 01 Fully granulating 02 Early/Partial granulation 03 Not healing	
M0482_SU 355 1 \$YESNOOP	Δ	C Surgical wound	
	2,494 554 550	Missing 0 No 1 Yes	
M0484_NB 356 2 \$ULNUMOA	1	C No. of surgical wounds	
	3,049 25 335 108 28 53	Missing 00 None 01 One 02 Two 03 Three 04 Four or more	
M0486_UN 358 1 \$YESNOOF	1	C Surgical wound that canno	t be observed
	3,049 497 52	Missing 0 No 1 Yes	

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICIARY	នា	URVEY	RIC: Page: Version:	OA 17 1
Variable						# FacQues#	Va	ariable Type & Label		
M0488_ST							С	Status of most problemat sur	gical wou	ınd
				3,045				Missing		
				25 239				No observable pressure ulcer Fully granulating		
				259				Early/Partial granulation		
				38				Not healing		
M0490_WH	361	2	\$SBREAOA				С	When is patient dyspneic		
				452				Missing		
				1,117				Never		
				817 623				When walking more than 20 fe With moderate exertion	eet	
				452				With minimal exertion		
				137				At rest (day or night)		
M0500_R0	363	1	INDICOA					Respir treatment; Ventilator	•	
_				503				Missing		
				3,094				Not indicated		
				1				Indicated		
M0500_R1	364	1	INDICOA				N	Respir treatment; Airway pre	essure	
				503				Missing		
				3,077				Not indicated		
				18			1	Indicated		
M0500_R2	365	1	INDICOA				N	Respir treatment; None		
				503 414				Missing Not indicated		
				2,681				Indicated		
M0500_RE	366	1	INDICOA				N	Respir treatment; Oxygen		
				503				Missing		
				2,696				Not indicated		
				399			1	Indicated		
M0510_UT	367	2	\$UTINFOA				С	Urinary tract infection		
				503				Missing		
				13				Patient on prophylactic trea	tment	
				10				Unknown		
				2,892 180				No Yes		
M0520_UR	369	2	\$UIUCPOA				С	Urinary incontinence		
				503				Missing		
				1,917				No incontinence or catheter		
				917 261				Patient is incintinent Patient requires a urinary of	atheter	
M0530_UR	371	2	\$URINCOA				С	Urinary incontinence occurs		
				2,666				Missing		
				208				Timed-voiding deters inconti	nence	
				62				During the night only		
				662			υ2	During the day and night		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT E	BENEFICIARY	r si	URVEY	RIC: Page: Version:	OA 18
Variable				Frequency			Va 	ariable Type & Label		
M0540_BW							С	Bowel incontinence frequenc	У	
				452 61 1 2,549 81 183 117 141			NA UK 00 01 02 03 04	Missing Patient has ostomy for bowe Unknown Very rarely or never has bo Less than once weekly One to three times weekly Four to six times weekly On a daily basis More often than once daily		ion
M0550_OS	375	2	\$BWOSTOA				С	Ostomy		
				452 3,085 46 15			01	Missing Does not have an ostomy Ostomy was not related to i Ostomy was related to inpat	_	tay
M0560_CO	377	2	\$COGFUOA				С	Cognitive functioning		
				503 1,782 803 311 100 99			00 01 02 03	Missing Alert/Oriented Req prompting Req assist and some directi Req conciderable assist in Totally dependent due to di	routine si	tua
M0570_WH	379	2	\$WCONFOA				С	When confused (reported or	observed)	
				503 56 1,602 1,004 40 292			NA 00 01 02 03	Missing Patient nonresponsive Never In new or complex situation On awakening or at night on During the day or evening Constantly		
M0580_WH	381	2	\$WANXIOA				С	When anxious (reported or o	bserved)	
				503 60 1,783 724 491 37			00 01 02	Missing Patient nonresponsive None of the time Less often than daily Daily, but not constantly All of the time		
M0590_D0	383	1	INDICOA				N	Sense of failure or self re	proach	
				503 3,053 42			0	Missing Not indicated Indicated		
M0590_D1	384	1	INDICOA				N	Hopelessness		
				503 3,014 81			0	Missing Not indicated Indicated		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT BENEFICIARY	SURVEY	RIC: Page: Version:	
					ComQues# FacQues#	Variable Type & Label		
M0590_D2	385	1	INDICOA			N Recurrent thoughts of death		
				503 3,071 24		. Missing 0 Not indicated 1 Indicated		
M0590_D3	386	1	INDICOA			N Thoughts of suicide		
				503 3,089 6		. Missing 0 Not indicated 1 Indicated		
M0590_D4	387	1	INDICOA			N None of the above feelings		
				503 663 2,432		. Missing 0 Not indicated 1 Indicated		
M0590_DP	388	1	INDICOA			N Depressed mood		
				503 2,454 641		. Missing 0 Not indicated 1 Indicated		
M0600_10	389	1	INDICOA			N None of the above behaviors		
				509 646 2,443		. Missing 0 Not indicated 1 Indicated		
M0600_B5	390	1	INDICOA			N Diminished interest in most	activitie	3
				509 2,766 323		. Missing 0 Not indicated 1 Indicated		
M0600_B6	391	1	INDICOA			N Sleep disturbances		
				509 2,876 213		. Missing 0 Not indicated 1 Indicated		
M0600_B7	392	1	INDICOA			N Recent change in appetite or	r weight	
				509 2,978 111		. Missing 0 Not indicated 1 Indicated		
M0600_B8	393	1	INDICOA			N Agitation		
				509 2,968 121		. Missing 0 Not indicated 1 Indicated		
м0600_в9	394	1	INDICOA			N A suicide attempt		
				509 3,088 1		. Missing 0 Not indicated 1 Indicated		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICIA	ARY	SURVEY	RIC: Page: Version:	OA 20 1
				Frequency				Variable Type & Label		
M0600_BE	395	1	INDICOA					N Indecisiveness, lack of con	centration	
				509 2,829				. Missing O Not indicated		
				260				1 Indicated		
M0610_11	396	1	INDICOA				;	N Impaired decision-making		
				452				. Missing		
				2,712 434				0 Not indicated 1 Indicated		
M0610_12	207	1	TNDTCOA					N Verbal disruption		
M0010_12	391	Τ.	INDICOA					_		
				452 3,097				. Missing O Not indicated		
				49				1 Indicated		
M0610_13	398	1	INDICOA				:	N Physical aggression		
				452				. Missing		
				3,125 21				0 Not indicated 1 Indicated		
M0610_14	200	1	TNDTCOA	22				N Disruptive, infantile, or s	ogially in	ann
M0010_14	399	1	INDICOA					_	OCIALLY IN	арр
				452 3,127				. Missing O Not indicated		
				19				1 Indicated		
M0610_15	400	1	INDICOA				:	N Delusional, hallucinatory,	or paranoid	d
				452				. Missing		
				3,107 39				0 Not indicated 1 Indicated		
20610 16	401	1	T1TD T G0.7					5.1.1.1.1.1		
M0610_16	401	Τ	INDICOA					N None of the above behaivors	demonstra	tea
				452 727				. Missing O Not indicated		
				2,419				1 Indicated		
M0610_BD	402	1	INDICOA				:	N Memory deficit		
				452				. Missing		
				2,661 485				0 Not indicated 1 Indicated		
M0620_BE	403	2	ŚFREOBOA	100				C Frequency of behavior probl	ems	
			. ~	F03						
				503 707				Missing O As reported		
				2,080			0	0 Never		
				55				1 Less than once a month 2 One a month		
				8 35				2 One a montn 3 Several times each month		
				82				4 Several times a week		
				128			0	5 At least daily		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICIAR	Y S	URVEY	RIC: Page: Version:	OA 21 1
Variable						s# FacQues#	V	ariable Type & Label		
M0630_RE	405	1	YESNOOA				N	Receiving psychiatric nursi	ng service	s
				503				Missing		
				3,062 33				No Yes		
M0640_CU	406	2	\$GROOMOA				С	Grooming, current		
				503				Missing		
				1 520				Unknown		
				1,528 574				Able to groom self unaided Utensils must be placed wit	hin reach	
				562				Someone must assis patient		elf
				431			03	Depends entirely upon anoth	er person	
M0640_PR	408	2	\$GROOMOA				С	Grooming, prior		
				2,306				Missing		
				13				Unknown		
				803 190				Able to groom self unaided Utensils must be placed wit	hin reach	
				168				Someone must assis patient		elf
				118			03	Depends entirely upon anoth	er person	
M0650_CU	410	2	\$DRESSOA				С	Ability to dress upper body	, current	
				452				Missing		
				1 202			-	Unknown		
				1,383 598				No assist needed No assist needed if clothin	a laid out	
				684				Assist from another person	g laid out	
				481			03	Depends entirely upon anoth	er person	
M0650_PR	412	2	\$DRESSOA				С	Ability to dress upper body	, prior	
				2,306				Missing		
				12				Unknown		
				756 191				No assist needed No assist needed if clothin	a laid out	
				192				Assist from another person	g laid out	
				141				Depends entirely upon anoth	er person	
M0660_CU	414	2	\$DRESSOA				С	Ability to dress lower body	, current	
				452				Missing		
				0 1,206			-	Unknown No assist needed		
				408				No assist needed if clothin	g laid out	
				962				Assist from another person	5	
				570			03	Depends entirely upon anoth	er person	
M0660_PR	416	2	\$DRESSOA				С	Ability to dress lower body	, prior	
				2,306				Missing		
				12			-	Unknown		
				725				No assist needed	- 1-1-1	
				148 244				No assist needed if clothin Assist from another person	g lald out	
				163				Depends entirely upon anoth	er person	
								1 22 22 22 22	1	

08/26/04 OAS 2001	MEDICARE CURRENT BENEFICIAR OASIS	RY SURVEY	RIC: OA Page: 22 Version: 1
Variable Col Len Format	Frequency ComQues# FacQues#	Variable Type & Label	
M0670_CU 418 2 \$BATHI	OA	C Bathing, current	
	452 0 475 382 740 654 459	Missing UK Unknown 00 Bathes self independently 01 Bathes self with use of devi 02 Bathes with intermittent ass 03 Bathes with complete assist/ 04 Unable, bed/bedside chair 05 Unable, totally bathed by an	sist supervision
M0670_PR 420 2 \$BATHI	OA	C Bathing, prior	
	2,306 12 482 144 207 174 156	Missing UK Unknown 00 Bathes self independently 01 Bathes self with use of devi 02 Bathes with intermittent ass 03 Bathes with complete assist/ 04 Unable, bed/bedside chair 05 Unable, totally bathed by an	sist Supervision
M0680_CU 422 2 \$TOILE	OA	C Toileting, current	
	452 0 1,997 531 158 30 430	Missing UK Unknown 00 Toilet, to and from independ 01 Toilet, when reminded/assist 02 Unable toil, able to bedside 03 Unable toil/bedside commode, 04 Depends entirely upon anothe	c/supervised e commode able bedpan
M0680_PR 424 2 \$TOILE	OA	C Toileting, prior	
	2,306 13 924 171 51 10	Missing UK Unknown 00 Toilet, to and from independ 01 Toilet, when reminded/assist 02 Unable toil, able to bedside 03 Unable toil/bedside commode, 04 Depends entirely upon anothe	c/supervised commode able bedpan
M0690_CU 426 2 \$TRANS	OA	C Transferring, current	
	452 0 1,123 1,484 174 123 45	Missing UK Unknown 00 Able to independently transf 01 Transfers with minimal assis 02 Unable transfer self, able t 03 Unable transfer self, unable 04 Bedfast, unable trans, able 05 Bedfast, unable trans, unabl	st or device to pivot e to pivot to positio

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT E	ENEFICIARY	sı	URVEY	RIC: Page: Version:	OA 23 1
Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Va 	ariable Type & Label		
M0690_PR	428	2	\$TRANSOA				С	Transferring, prior		
				2,306 11			UK	Missing Unknown		
				659				Able to independently trans		
				460			01	Transfers with minimal assi	st or devi	ce
				64			02	Unable transfer self, able	to pivot	
				33			03	Unable transfer self, unabl	e to pivot	
				9			04	Bedfast, unable trans, able	to position	0
				E 6			ΛE	Podfagt unable trang unab	10 +0 5001	-10

M0690_PR	428	2	\$TRANSOA		C Transferring, prior
				2,306 11 659 460 64 33 9	Missing UK Unknown 00 Able to independently transfer 01 Transfers with minimal assist or device 02 Unable transfer self, able to pivot 03 Unable transfer self, unable to pivot 04 Bedfast, unable trans, able to positio 05 Bedfast, unable trans, unable to positio
M0700_CU	430	2	\$AMBULOA		C Ambulation/Locomotion, current
				452 0 520 1,741 335 180 215	Missing UK Unknown 00 Able to independently walk/stairs 01 Able to walk w/ device, assist w/ stairs 02 Able to walk w/ constant assist/supervis 03 Chairfast, able to wheel self independ 04 Chairfast, unable to wheel self independ 05 Bedfast, unable to ambulate/or chair
M0700_PR	432	2	\$AMBULOA		C Ambulation/Locomotion, prior
				2,306 13 473 543 119 39 67 38	Missing UK Unknown 00 Able to independently walk/stairs 01 Able to walk w/ device, assist w/ stairs 02 Able to walk w/ constant assist/supervis 03 Chairfast, able to wheel self independ 04 Chairfast, unable to wheel self independ 05 Bedfast, unable to ambulate/or chair
M0710_CU	434	2	\$FEEDIOA		C Feeding or eating, current
				503 0 1,990 812 184 27 72	Missing UK Unknown 00 Able independently feed self 01 Able feed self with intermittent assist 02 Unable feed self, complete assist/superv 03 Able take nutri oral, rec tube feedi 04 Unable take nutri oral, rec tube feedi 05 Unable take nutri oral or tube feedi
M0710_PR	436	2	\$FEEDIOA		C Feeding or eating, prior
				2,306 12 953 246 54 4 20	Missing UK Unknown 00 Able independently feed self 01 Able feed self with intermittent assist 02 Unable feed self, complete assist/superv 03 Able take nutri oral, rec tube feedi 04 Unable take nutri oral, rec tube feedi 05 Unable take nutri oral or tube feedi
M0720_CU	438	2	\$MEALSOA		C Planning/Preparing light meals, current
				503 0 995 918 1,182	Missing UK Unknown 00 Able to independently prepare all meals 01 Unable to prepare meals on regular basis 02 Unable to prepare any meals

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICIAR	Y S	URVEY	RIC: Page: Version:	OA 24 1
Variable	Col			Frequency			Va	ariable Type & Label		
M0720_PR	440	2	\$MEALSOA				С	Planning/Preparing light m	eals, prior	
				2 206						
				2,306 11			IJĸ	Missing Unknown		
				626				Able to independently prep	are all mea	ls
				266				Unable to prepare meals on		sis
				389			02	Unable to prepare any meal	S	
M0730_CU	442	2	\$TRANPOA				С	Transportation, current		
				503				Missing		
				1.53				Unknown		
				153 2,703				Able to independently driv Able to ride when car driv		er
				239				Unable to ride in car, tra	_	
M0730_PR	444	2	\$TRANPOA				С	Transportation, prior		
				2,306				Missing		
				12			UK	Unknown		
				300				Able to independently driv		
				899 81				Able to ride when car driv Unable to ride in car, tra	-	
M0740_CU	446	2	ŠT.AIIMDOA	01				Laundry, current		arre
110 / 10_00	110	-	γ 2210112 O11				Ū	_		
				503 0			TTV	Missing Unknown		
				172				Able to independently do 1	aundry	
				769				Able to do only lt laundry	_	avy
				2,154			02	Unable to do any laundry		
M0740_PR	448	2	\$LAUNDOA				С	Laundry, prior		
				2,306				Missing		
				13				Unknown		
				333 272				Able to independently do l Able to do only lt laundry		2177
				674				Unable to do any laundry	, assist ne	avy
M0750_CU	450	2	\$HOUSEOA				С	Housekeeping, current		
				503				Missing		
				0			UK	Unknown		
				123				Able independently perform	_	
				704				Able perform only light ho	_	
				167 437				Able perform houskeep w/ i Unable perform houskeep w/		
				1,664				Unable particip in any hou	-	
M0750_PR	452	2	\$HOUSEOA				С	Housekeeping, prior		
				2,306				Missing		
				15			UK	Unknown		
				292				Able independently perform	_	
				247				Able perform only light ho	_	iat
				62 122				Able perform houskeep w/ i		
							U.3	Unable perform houskeep w/		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT E	BENEFICIAR	Y S	URVEY	RIC: Page: Version:	OA 25 1
Variable				Frequency			Va 	ariable Type & Label		
M0760_CU	454	2	\$SHOPPOA				С	Shopping, current		
				503 0 92 607 1,214 1,182			00 01 02	Missing Unknown Able to independently shop Able to shop, but needs so Unable to shop, but can are Needs someone to do all sho	me assistan range deliv	ery
M0760_PR	456	2	\$SHOPPOA				С	Shopping, prior		
				2,306 16 295 251 342 388			00 01 02	Missing Unknown Able to independently shop Able to shop, but needs so Unable to shop, but can are Needs someone to do all sho	range deliv	ery
M0770_CU	458	2	\$TELEPOA				С	Ability to use telephone,	current	
				503 422 0 2,050 191 216 164 158 274			UK 00 01 02 03 04	Missing Patient does not have a ter Unknown Able independently dial/ans Able use a specif adapted p Able answer calls, diff pla Able answer calls only some Unable answer phone at all Totaly unable to use the ter	swer calls phone and cacing calls of the ti , can liste	me
M0770_PR	460	2	\$TELEPOA				С	Ability to use telephone, p	prior	
				2,306 20 12 931 65 83 46 47 88			UK 00 01 02 03 04	Missing Patient does not have a ter Unknown Able independently dial/ans Able use a specif adapted p Able answer calls, diff pla Able answer calls only some Unable answer phone at all Totaly unable to use the ter	swer calls phone and cacing calls of the ti , can liste	me
M0780_CU	462	2	\$MANRXOA				С	Manage oral medica, current	5	
				503 39 0 1,166 1,035 855			UK 00 01	Missing No med of this type prescr: Unknown Able to independently take Able to take med corect tim Unable to take med unless a	correct me mes w/ assi	st
M0780_PR	464	2	\$MANRXOA				С	Manage oral medica, prior		
				2,306 20 15 613 363 281			UK 00 01	Missing No med of this type prescr: Unknown Able to independently take Able to take med corect time Unable to take med unless a	correct me mes w/ assi	st

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT 1	BENEFICIAR	Y S	URVEY		RIC: Page: Version:	OA 26 1
Variable	Col	Len	Format	Frequency	ComQues‡	FacQues#	Va	ariable	Type & Label		
M0790_CU	466	2	\$MANRXOA				С	Manage	inhalation/mist medic	ca, current	5
				503 2,392 0 421 160 122			UK 00 01	Unknown Able to Able to	of this type prescril	correct med	st
M0790_PR	468	2	\$MANRXOA				С	Manage	inhalation/mist medic	ca, prior	
				2,306 955 28 200 61 48			UK 00 01	Unknown Able to Able to	of this type prescril	correct med	st
M0800_CU	470	2	\$MANRXOA				С	Manage	injectable medica, co	urrent	
				503 2,548 0 122 133 292			UK 00 01	Unknown Able to Able to	of this type prescril	correct med es w/ assis	st
M0800_PR	472	2	\$MANRXOA				С	Manage	injectable medica, pr	rior	
				2,306 1,072 28 66 43 83			UK 00 01	Unknown Able to Able to	of this type prescril	correct med es w/ assis	st
M0810_PA	474	2	\$PQUIPOA				С	Patient	management of equip	ment	
				503 2,584 83 121 47 49 211			00 01 02 03	Able to Able to Req con Only ab	penent used in this ty continuous in this ty continuous in the second continuous manage equip if some siderable assist mana cole to monitor equipments sentirely upon another	e all equir eone sets u aging equir ent	p p
M0820_CG	476	2	\$CQUIPOA				С	Caregiv	ver management of equ	ipment	
				3,092 73 6 213 134 22 24 34			UK 00 01 02 03	Able to Req con Only ab	egiver	eone sets ı aging equir ent	ıр

08/26/04 OAS 2001				MEDICARE CURRENT BENEFIC OASIS	CIARY SURVEY RIC: OA Page: 27 Version: 1	
				Frequency ComQues# FacQu	es# Variable Type & Label	
M0825_TH	478	2	\$YESNAOA		C Indication of therapy need	
				1,386 313 1,403 496	Missing NA Inapplicable 00 No 01 Yes	
M0830_E0	480	1	INDICOA		N Emerg; Hospital emergency room	
				1,373 1,878 347	. Missing 0 Not indicated 1 Indicated	
M0830_E1	481	1	INDICOA		N Emerg; Doctors office emerg visit	
				1,373 2,163 62	. Missing 0 Not indicated 1 Indicated	
M0830_E2	482	1	INDICOA		N Emerg; Outpatient depart/clinic emerg	
				1,373 2,210 15	. Missing 0 Not indicated 1 Indicated	
M0830_E3	483	1	INDICOA		N Emerg; Unknown emergent care	
				1,373 2,183 42	. Missing 0 Not indicated 1 Indicated	
M0830_EC	484	1	INDICOA		N Emerg; No emergent care services	
				1,373 456 1,769	. Missing 0 Not indicated 1 Indicated	
M0840_10	485	1	\$INDICOA		C Reas; GI bleeding, obstruction	
				3,187 398 13	Missing 0 Not indicated 1 Indicated	
M0840_11	486	1	\$INDICOA		C Reas; Other emergent care reason	
				3,185 259 154	Missing 0 Not indicated 1 Indicated	
M0840_12	487	1	\$INDICOA		C Reas; Unknown emergent care reason	
				3,187 387 24	Missing 0 Not indicated 1 Indicated	
M0840_E4	488	1	\$INDICOA		C Reas; Nausia, dehydration, malnutrition	
				3,187 364 47	Missing 0 Not indicated 1 Indicated	

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICIARY	េនប	JRVEY	RIC: Page: Version:	OA 28
						# FacQues#	Va	ariable Type & Label		
M0840_E5							С	Reas; Injury from fall or ho	ome accider	nt
				3,187 366 45			0	Missing Not indicated Indicated		
M0840_E6	490	1	\$INDICOA				С	Reas; Respiratory problems		
				3,186 321 91			0	Missing Not indicated Indicated		
M0840_E7	491	1	\$INDICOA				С	Reas; Wound infection, new l	esion/ulce	er
				3,187 382 29			0	Missing Not indicated Indicated		
M0840_E8	492	1	\$INDICOA				С	Reas; Cardiac problems		
				3,187 350 61			0	Missing Not indicated Indicated		
M0840_E9	493	1	\$INDICOA				С	Reas; Hypo/Hyperglycemia, di	abetes	
				3,187 406 5			0	Missing Not indicated Indicated		
M0840_EC	494	1	\$INDICOA				С	Reas; Improper medication ad	lministrati	ion
				3,187 405 6			0	Missing Not indicated Indicated		
M0855_IN	495	2	\$INFACOA				С	Inpatient facility admitted	to	
				2,242 934 393 10 15 4			NA 01 02 03	Missing No inpatient facility admiss Hospital Rehabilitation facility Nursing home Hospice	sion	
M0870_DS	497	2	\$DISPOOA				С	Discharge disposition		
				2,665 7 885 25 16			01 02	Missing Unknown, other Patient remained in the comm Patient transferred to a nor Unknown, location not served	ninsti hosp	
0A_0880M	499	1	\$INDICOA				С	Svcs after disch; Family/Fri	ends	
				2,712 222 664			0	Missing Not indicated Indicated		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICIARY	. s	URVEY	RIC: Page: Version:	OA 29
						# FacQues#	Va	ariable Type & Label		
M0880_A1							С	Svcs after disch; Other comm		
				2,712 668 218				Missing Not indicated Indicated		
M0880_AF	501	1	\$INDICOA				С	Svcs after disch; No service	s	
				2,712 776 110			0	Missing Not indicated Indicated		
м0890_но	502	2	\$RHOSPOA				С	Reason admitted to acute car	e hospital	
				3,205 13 344 17 19			01 02	Missing Unknown Hospitalization; Emergent ca Hospitalization; Urgent care Hospitalization; Elective ca		
M0895_10	504	1	\$INDICOA				С	ReasHosp; Scheduled surgical	procedure	:
				3,205 382 11				Missing Not indicated Indicated		
м0895_11	505	1	\$INDICOA				С	ReasHosp; Urinary tract infe	ction	
				3,206 369 23				Missing Not indicated Indicated		
М0895_12	506	1	\$INDICOA				С	ReasHosp; IV catheter-relate	d infectio	n
				3,206 392 0				Missing Not indicated Indicated		
M0895_13	507	1	\$INDICOA				С	ReasHosp; Pulminary embolus		
				3,206 387 5				Missing Not indicated Indicated		
М0895_14	508	1	\$INDICOA				С	ReasHosp; Uncontrolled pain		
				3,206 379 13				Missing Not indicated Indicated		
M0895_15	509	1	\$INDICOA				С	ReasHosp; Psychotic episode		
				3,206 388 4				Missing Not indicated Indicated		
M0895_16	510	1	\$INDICOA				С	ReasHosp; Other reason		
				3,206 213 179				Missing Not indicated Indicated		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BENEFICIARY	SURVEY	RIC: Page: Version:	OA 30 1
Variable				Frequency			Variable Type & Label		
M0895_H2	511	1	\$INDICOA				C ReasHosp; Injury from fal.	l or home ac	cid
				3,206 367 25			Missing 0 Not indicated 1 Indicated		
м0895_н3	512	1	\$INDICOA				C ReasHosp; Respiratory prob	olems	
				3,206 311 81			Missing 0 Not indicated 1 Indicated		
м0895_н4	513	1	\$INDICOA				C ReasHosp; Wound infection	, new lesion	/ul
				3,206 361 31			Missing 0 Not indicated 1 Indicated		
м0895_н5	514	1	\$INDICOA				C ReasHosp; Hypo/Hyperglycer	mia, diabete	S
				3,206 386 6			Missing 0 Not indicated 1 Indicated		
М0895_Н6	515	1	\$INDICOA				C ReasHosp; GI bleeding, obs	struction	
				3,206 379 13			Missing 0 Not indicated 1 Indicated		
м0895_н7	516	1	\$INDICOA				C ReasHosp; Exac of CHF, hea	art failure	
				3,206 368 24			Missing 0 Not indicated 1 Indicated		
М0895_Н8	517	1	\$INDICOA				C ReasHosp; Myocardial infa	rction, stro	ke
				3,206 383 9			Missing 0 Not indicated 1 Indicated		
м0895_н9	518	1	\$INDICOA				C ReasHosp; Chemotherapy		
				3,206 391 1			Missing 0 Not indicated 1 Indicated		
М0895_НО	519	1	\$INDICOA				C ReasHosp; Improper medical	l administra	tio
				3,206 384 8			Missing 0 Not indicated 1 Indicated		
M0900_17	520	1	\$INDICOA				C Reason admitted to nursing	g home	
				3,583 12 3			Missing 0 Not indicated 1 Indicated		

08/26/04 OAS 2001				MEDICARE OASIS	CURRENT	BEN	EFICIARY	SURVEY	RIC: Page: Version:	OA 31 1
				Frequency				Variable Type & Label		
M0900_18								C ReasHome; Hospice care		
				3,583 15 0				Missing 0 Not indicated 1 Indicated		
M0900_19	522	1	\$INDICOA					C ReasHome; Permanent Placeme	nt	
				3,583 11 4				Missing 0 Not indicated 1 Indicated		
M0900_20	523	1	\$INDICOA					C ReasHome; Unsafe for care a	t home	
				3,583 10 5				Missing 0 Not indicated 1 Indicated		
M0900_21	524	1	\$INDICOA					C ReasHome; Other reason		
				3,583 14 1				Missing 0 Not indicated 1 Indicated		
M0900_22	525	1	\$INDICOA					C ReasHome; Unknown reason		
				3,583 15 0				Missing 0 Not indicated 1 Indicated		
M0900_NH	526	1	\$INDICOA					C ReasHome; Therapy Services		
				3,583 12 3				Missing 0 Not indicated 1 Indicated		
M0903_LA	527	8						N Date of last home visit		
M0906_DC	535	8						N Discharge/Transfer/Death da	te	